

FIFRA Worker Protection Standard
End of Year Case File Review - FY_____ Reporting Period

1	REGIONAL OFFICE:	
	STATE/TRIBE/TERRITORY PESTICIDE LEAD AGENCY:	
	File Reviewer:	

2 Use Inspection Information				
a.	Facility Name/City:			
b	Type of agriculture establishment inspected: (✓) <input type="checkbox"/> Farm <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Forest Operation <input type="checkbox"/> Other <input type="checkbox"/> Unable to determine. If so, why:			
c	The inspection was conducted of the - - (most applicable) <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> FIFRA § 14(a)(1) <input type="checkbox"/> Commercial Applicator hired by the ag establishment. <input type="checkbox"/> Commercial Applicator place of business. Applicator business name/city if different from ag establishment where inspection took place : </td> <td style="width: 50%; vertical-align: top;"> FIFRA § 14(a)(2) <input type="checkbox"/> The agricultural establishment employer(s) <input type="checkbox"/> A Private Applicator <input type="checkbox"/> A "For-hire" Applicator hired by the ag establishment. Applicator business name/city if different from ag establishment where inspection took place: </td> </tr> </table>		FIFRA § 14(a)(1) <input type="checkbox"/> Commercial Applicator hired by the ag establishment. <input type="checkbox"/> Commercial Applicator place of business. Applicator business name/city if different from ag establishment where inspection took place :	FIFRA § 14(a)(2) <input type="checkbox"/> The agricultural establishment employer(s) <input type="checkbox"/> A Private Applicator <input type="checkbox"/> A "For-hire" Applicator hired by the ag establishment. Applicator business name/city if different from ag establishment where inspection took place:
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d.	Was inspection - -(✓) <input type="checkbox"/> Routine (also known as Random, Planned or Targeted) <input type="checkbox"/> For Cause (if this was a Misuse inspection, check For Cause and go to section 3(b). A comprehensive inspection should have been conducted.) <input type="checkbox"/> Other:			
f.	Was inspection conducted with EPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3.	For Routine Use Inspection
a. (✓)	<input type="checkbox"/> Tier I Inspection conducted <input type="checkbox"/> Tier II Inspection conducted
b.(✓)	<input type="checkbox"/> Completed all of the WPS data elements successfully? <input type="checkbox"/> Completed majority of the WPS data elements successfully? <input type="checkbox"/> Not Completed the majority of the WPS data elements successfully?
c.	Y/N <input type="checkbox"/> Were farm workers interviewed?

3.	For Routine Use Inspection	
	Y/N <input type="checkbox"/> Were handler workers interviewed?	
d.	If no workers were interviewed, what Rationale was provided? (✓) <input type="checkbox"/> None were present on the facility at the time of inspection. <input type="checkbox"/> Employer did not provide or allow inspector to conduct interviews with workers upon request. <input type="checkbox"/> Workers did not wish to be interviewed. <input type="checkbox"/> Inspector was not able to interview workers because of language. <input type="checkbox"/> Other:	
e.	Date of inspection --	

Yes	No	Unable to Determine	4. Case Development Information
			a. Was inspection pre-announced?
			b. Were Inspector Credential presented?
			c. Was a Notice of Inspection provided?
			d. Was a Receipt for Samples needed?
			Was it provided?
			e. Were copies and/or photos of the labels obtained during inspection?
What were the pesticide products/EPA Reg. No(s). identified in the inspection? 1. 2. 3.			
			f. Were photos taken during inspection of other WPS elements?
			g. Were statements collected to gather information?
			h. Was an inspection checklist used adequately?
			i. Was an inspection report completed?
			j. Was this Inspection referred to your Regional Office by the SLA?

5. ENFORCEMENT	
a. Did this inspection result in - - (✓)	
	an enforcement action for WPS-specific noncompliance?
	an enforcement action for another type of violations?
	a no-action, case closure (no violations)?
	a pending final determination?
	Unable to determine.

5. ENFORCEMENT	
b. If enforcement was taken, what was it?—provide date of issuance	
	Warning letter ---
	Stop Use / Quarantine ---
	Civil action ---
	Criminal action ---
	Administrative Hearing ---
c. Was a penalty issued? Yes[___]No[___] If yes, \$ _____	
d. Is the case settled regardless of when the inspection occurred? Yes[___]No[___]	
e. Is the enforcement consistent with the applicable enforcement response policy? Yes[___]No[___] If no, why?	
f. List Pesticide Name /EPA Reg. No(s). cited with violation(s): (1) (2) (3)	
g. Summary of violation(s): (all as applicable)	
<input type="checkbox"/> Pesticide Safety Training <input type="checkbox"/> Pesticide Applications <input type="checkbox"/> Central Posting <input type="checkbox"/> Notice of Application <input type="checkbox"/> Entry Restrictions <input type="checkbox"/> PPE <input type="checkbox"/> Mixing/loading, Application equipment & Applications <input type="checkbox"/> Decontamination/supplies <input type="checkbox"/> Pesticide Exposure Incidents <input type="checkbox"/> Information Exchange - Commercial Applicators & Growers <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> Employee Refusals <input type="checkbox"/> Retaliation	

6. Reviewer's Comments	
You Rate the Report overall as? [___]High [___]Medium [___]Low	
Why?	
Other Comments:	